

# Inventor Information

Inventor One Given Name:: Kurt J.  
Family Name:: Korkowski  
Name Suffix::  
Postal Address Line One:: 970 Sunny Ridge Drive  
Postal Address Line Two::  
City:: Carver  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55315  
City of Residence:: Carver  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: U.S.A.

Inventor Two Given Name:: Lance L.  
Family Name:: Thoresen  
Name Suffix::  
Postal Address Line One:: 2913 Sequoia Court  
Postal Address Line Two::  
City:: Burnsville  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55337  
City of Residence:: Burnsville  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: U.S.A.

Inventor Three Given Name:: Xiaohong  
Family Name:: Sun  
Name Suffix::  
Postal Address Line One:: 3075 Bobcat Trail  
Postal Address Line Two::  
City:: Prior Lake  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55372  
City of Residence:: Prior Lake  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: P.R. China

Given name of Applicant::  
Family Name::  
Name Suffix::  
Authority under 1.42::  
Authority under 1.43::  
Authority under 1.47::  
Postal Address Line One::  
Postal Address Line Two::  
City::  
State or Province::  
Country::  
Postal or Zip Code::  
City of Residence::  
State or Prov. of Residence::  
Country of Residence::  
Citizenship Country::

#### Correspondence Information

Correspondence Customer Number:: 00164  
Telephone:: 612/339-1863  
Fax:: 612/339-6580  
Electronic Mail:: drfairbairn@kinney.com

#### Application Information

Title Line One:: ENDCAP FOR REDUCING AIRFLOW  
Title Line Two:: EXCITATION OF HEAD GIMBAL ASSEMBLY  
Total Drawing Sheets:: 8  
Formal Drawings?:: Yes  
Application Type:: Utility  
Docket Number:: I69.12-0614  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Application?::

#### Representative Information

Representative Customer Number:: 00164

# Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

# Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

# Assignee Information

Name::	Seagate Technology LLC
Address line one::	920 Disc Drive
Address line two::	
City::	Scotts Valley
State or Province::	CA
Postal or zip code::	95066